

Peer Assistance, Advocacy and Outreach

Bridge to Better Outcomes

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Learner Outcomes

- ❖ Describe the role of Peer Assistance, Advocacy and outreach within an organizational framework
- ❖ Identify barriers in development of Professional Peer Assistance Programs
- ❖ Discuss Best Practice Recommendations for Peer Support
- ❖ Evaluate the long term benefit of Peer Assistance, Advocacy and Outreach within organizations.



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AANA Peer Assistance

1980's – 2 CRNA Volunteers

1983 – started an adhoc committee on chemical dependency

- Advocacy movement (AMA, ANA)
- Educational lectures
- Started recruiting other volunteers

•1990's – support from AANA Board of Directors

- Developed position statement on chemical dependency
- Developed a "Well-Being" Manual for AANA members
- Established a national helpline for CRNA's
- Founded an anonymous online recovery community for CRNA's
 - AIR – Anesthetists in Recovery



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Jan Stewart

AANA President
1999-2000

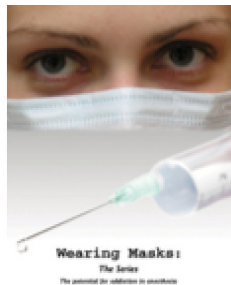


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Wearing Masks

Video Series
on
Chemical
Dependency

An occupational risk
for Anesthesia
Providers



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Jan Stewart Memorial Speaker
Annually Funded by AANA
Foundation



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State Peer Advisors

Resources and Education

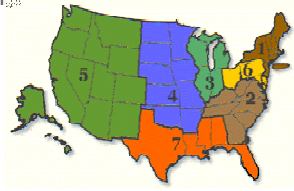
- ◆ AANA Library of Educational Resources
- ◆ Continuing Education Lectures
- ◆ State Association Meetings

Peer Support

- ◆ Helpline Calls
- ◆ Intervention guidelines
- ◆ Treatment referrals

Outreach

- ◆ Education
- ◆ Advocacy



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State Peer Advisor Responsibilities

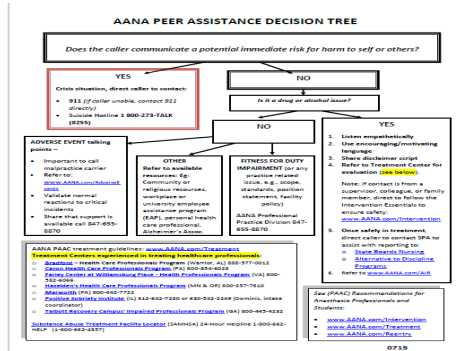
Maintain ongoing communication with:

- PAAC regional advisor
- CRNASPAs network connection
- State association leadership
- State board of nursing
- State SUD programs (ATD/disciplinary)
- Treatment centers



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AANA Peer Assistance Decision Tree



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Intervention Essentials

Intervention Essentials for Drug or Alcohol Addiction - see also the [Getting Help](#) page for resources or call the **Peer Support Helpline (800) 654-5167** :

Planned Intervention:

1. Include a trained interventionist*, family, spouse, and colleagues.
2. Include as many people as you can and be sensitive to gender.
3. Bring all the evidence.
4. Get a properly collected drug screen.
5. **Do not let the person out of your sight! Do not let them drive!**
6. Have a bed in a **treatment** facility ready.
7. Do not let the addict decide their treatment. Remember, they are sick.
8. When all else fails, threaten to call the police. Often, this will cause the individual to admit that he/she has a serious problem.

Crisis Intervention:

1. **Do not let the person out of your sight! Do not let them drive!**
2. Get a properly collected drug screen.
3. Include a trained interventionist*, family, spouse, and colleagues.
4. Include as many people as you can and be sensitive to gender.
5. Bring all the evidence.
6. Have a bed in a **treatment** facility ready.
7. Do not let the addict decide their treatment. Remember, they are sick.
8. When all else fails, threaten to call the police. Often, this will cause the individual to admit that he/she has a serious problem.

*Resources for locating an interventionist: Often the workplace employee assistance program has resources for an interventionist, or the **treatment** facility has a recommendation. See also [Model Substance Abuse Policies for Anesthesia Departments](#)

Source: Bryson EO, Hamza H. *The Drug Seeking Anesthesia Care Provider*. International Anesthesiolog Clinics. Winter 2011

AANA.com/Intervention



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Peer Assistance Advisors' Treatment Recommendations

AANA Peer Assistance Advisors' Recommendations for the Treatment of the Disease of Substance Use Disorder (SUD) in Anesthesia Professionals and Students

Anesthesia professionals and students have unique treatment needs for a variety of reasons including: controlled substance availability, potential loss of profession when inadequately treated, professional guilt and shame, and a tendency to intellectualize the treatment process, among others.

Following are the Peer Assistance Advisors' treatment recommendations for all anesthesia professionals and students with SUD:

- In the event of an intervention, it is imperative to follow the **Intervention Essentials**
 - Seek Inpatient Treatment at a Substance Abuse and Mental Health Services Administration (SAMHSA) certified Inpatient Comprehensive Addiction Treatment Center experienced in treating healthcare professionals
 - Completion of a minimum of 28 days (also termed "short-term") of inpatient treatment is recommended, with 90 days of treatment (also termed "long-term") being most desirable and offering the highest success rate.
 - The treatment center chosen should at a minimum include:
 - Comprehensive evaluation and treatment recommendations by an **American Society of Addiction Medicine (ASAM)** member certified by the American Board of Addiction Medicine (ABAM) committed to evaluating and treating anesthesia professionals in substance based recovery models in accordance with other safety sensitive occupations such as aviation, department of defense and department of transportation.
 - Evaluation by an **American Academy of Addiction Psychiatry (AAAP)** board certified Psychiatrist where appropriate.
 - Appropriate neuropsychiatric and/or psychometric testing where appropriate.
 - When detoxification is medically indicated, inpatient medically supervised detoxification.
 - Emphasis on a long term 12 step model of abstinence based recovery.

AANA.com/Treatment



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Re-entry Recommendations and Resources

Successful reentry to the anesthesia workplace is possible with supportive colleagues and an established department policy. Monitoring the recovery of nurse anesthetists and other healthcare professionals with a history of substance misuse and chemical dependency requires a well-informed reentry plan. The following is intended to provide information and education concerning these issues. If you have any questions, please call the helpline **(800) 654-5167**.

PAA Recommendations for Re-entry

AANA Peer Assistance Advisors' Recommendations for Re-entry of Anesthesia Professional or Students with Chemical Dependency

Based on over 30 years of experience with CRNAs, the AANA Peer Assistance Advisors (PAA) recommend that a good starting place for reentry is:

1. Completion of **treatment and comprehensive evaluation by an ASAM board certified addictionologist according to the PAA recommendations** and compliance with all treatment center recommendations for continuing care after discharge, including relapse prevention techniques.
2. Evaluation of suitability by an addictionologist for, and timing of, the return to anesthesia practice as CRNAs face unique obstacles and risks that can threaten their ability to maintain sobriety.
 - A minimum of one year out of the clinical anesthesia arena for individuals with an IV drug addiction or major opioid history.
3. Achievement of the **Talbot** criteria for reentry:
 - Supportive spouse/significant other.
 - No untreated psychological comorbidities.
 - Acceptance of the chronicity of chemical dependency.
 - Grounded in the recovery community (sponsor, etc.)
 - Supportive colleagues at the workplace familiar with history and needs for reentry.
4. Commitment to monitoring program including regular toxicology screenings on a random basis through a formal program, administered by a state board of nursing or alternative program, for a minimum of five years. Voluntary monitoring is not acceptable.

AANA.com/Reentry



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www.AANA.com/AIR

AIR- Anesthetists In Recovery

- ◆ National online anonymous/confidential support group of CRNAs and SRNAs who are in recovery from substance use disorder.
- ◆ Involved in education and support
- ◆ No affiliation with another organization, including the AANA
- ◆ Has no reporting function with any certifying or licensure body
- ◆ Primary purposes are to encourage members to achieve and maintain sobriety and to reach out to those who still suffer.
- ◆ Members may share through posts within the group



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AANA Peer Assistance Advisors

Name/	Linda Stone DNP, APRN CRNA	Ann Bostic DNP, APRN, CRNA	Martha Kral MS, APRN, CRNA	Bridget Petrillo MS, APRN, CRNA	Larry Van Atta MS, APRN, CRNA	Laura Wright PHD, APRN, CRNA
SPA:	NC	WV	GA	CA	UT	AL

Our phone numbers and email addresses are listed on www.AANA.com/SPATools, www.AANA.com/PAAC. We're here to lead this volunteer network and be your resource as you help others.



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Bridge to Better Outcomes

Rapidly Changing Healthcare Environment

- Acute Disease to Chronic Disease Management

Growing Interest in Peer Support

- More Research
- More Funding

An Evidence Based Model of Care

- Best Practice Recommendations
- Better Outcomes for SUD



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Peer Support ‘Best Practice’ Recommendations

- ✓ Define What Constitutes Peer Support
- ✓ Ensure extensive consumer involvement
- ✓ Develop Clear Role Definitions for Peer Support Workers
- ✓ Implement Standard approaches to Training
- ✓ Provide Healthcare Worker education across the system.
- ✓ Examine environmental factors



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PAAC Strategic Initiatives

Moving forward we want to:

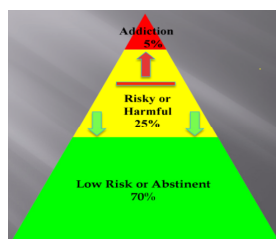
- Expand our efforts to provide Peer Support and Advocacy for Professionals at risk for SUD
- Partner with national organizations like NOAP, NCSBN, Intnsa, AMERSA
- Participate in more Research on SUD
- Remove barriers to Prevention, Early Identification, Intervention and Treatment



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Barriers

- Limited Focus on Prevention of SUD
- Denial Among Healthcare Providers
- Inconsistent Treatment and Intervention



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Boards of Nursing

Discipline is Inconsistent Across States and within States

Reporting requirements:

- Mandatory versus Non mandatory
- CRNAs, SPAs

Monitoring programs:

- Alternative to Discipline versus Disciplinary programs
- Length of monitoring
- Practice restrictions
- Length of time out of practice
- UDS



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Employers and Educators

✧ Recognizing the Problem

✧ Inconsistent Policies and Procedures

✧ Inconsistent Intervention Procedures

✧ Frequently Employee is Fired

- ✧ Loss of Health Insurance – unable to get treatment
- ✧ Highly Vulnerable



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STIGMA

✧ Stigma - Attitudes and Beliefs that lead people to reject, avoid or fear those they perceive to be different

- ✧ Public Stigma – attitudes and beliefs of the general public
- ✧ Institutional Stigma – institutional policies or culture
- ✧ Self Stigma – when an individual buys into society's misconception

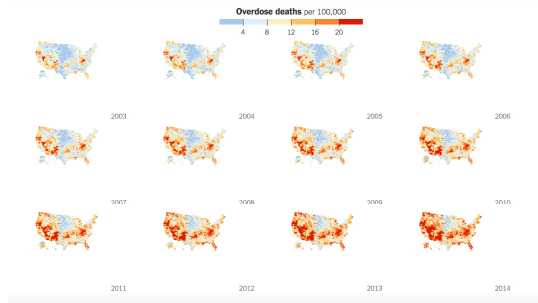
✧ Discrimination is the behavior that naturally follows

- ✧ Unjustly deprived of treatment
- ✧ Employment
- ✧ Other resources



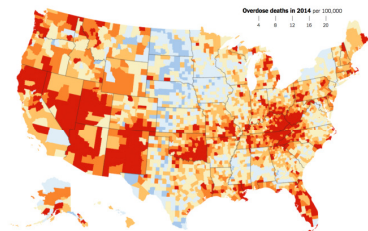
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Overdose Deaths Across America



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Deaths from overdose reaching levels that mirror HIV



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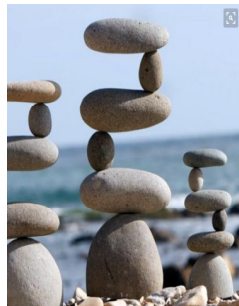
Parallel Paths

Protect the Public

- Get impaired practitioner out of practice
- Reduce Risk for SUD in workplace


Support the Nurse Anesthetist

- Get CRNA out of practice and into treatment
- Help CRNA remain healthy in the workplace



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"Any one of us could be affected by an unexpected life event or illness where peer support will be vital to our recovery and wellbeing"



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